

SAN LUIS MEDICAL & REHABILITATION CENTER

2305 SAN LUIS PLACE

GREEN BAY 54304 Phone: (920) 494-5231

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 126

Total Licensed Bed Capacity (12/31/02): 156

Number of Residents on 12/31/02: 113

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Partnership

Skilled

No

Yes

Yes

115

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		51.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		36.3
Supp. Home Care-Household Services	No	Developmental Disabilities	4.4	Under 65	6.2		More Than 4 Years		12.4
Day Services	No	Mental Illness (Org./Psy)	45.1	65 - 74	10.6				-----
Respite Care	No	Mental Illness (Other)	9.7	75 - 84	38.1				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.1		*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.1		Full-Time Equivalent		
Congregate Meals	No	Cancer	1.8		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.8		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	8.0	65 & Over	93.8		-----		
Transportation	No	Cerebrovascular	8.8		-----		RNs		9.7
Referral Service	No	Diabetes	4.4	Sex	%		LPNs		8.3
Other Services	Yes	Respiratory	2.7	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.3	Male	31.0		Aides, & Orderlies		41.9
Mentally Ill	No		-----	Female	69.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%																		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	13	100.0	297	68	94.4	113	0	0.0	0	28	100.0	144	0	0.0	0	0	0.0	0	96.5	
Intermediate	---	---	---	2	2.8	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	2	2.8	167	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1.8	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	13	100.0		72	100.0		0	0.0		28	100.0		0	0.0		0	0.0	113	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing		% Totally		Total
		Daily Living (ADL)		Independent	Assistance of		Dependent		Number of
					One Or Two Staff				Residents
Private Home/No Home Health	15.2	Bathing		5.3	60.2		34.5		113
Private Home/With Home Health	0.0	Dressing		9.7	62.8		27.4		113
Other Nursing Homes	2.5	Transferring		19.5	59.3		21.2		113
Acute Care Hospitals	79.8	Toilet Use		15.0	53.1		31.9		113
Psych. Hosp.-MR/DD Facilities	0.0	Eating		55.8	29.2		15.0		113
Rehabilitation Hospitals	0.0	*****							
Other Locations	2.5	Continence		%	Special Treatments				%
Total Number of Admissions	198	Indwelling Or External Catheter		11.5	Receiving Respiratory Care				10.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		37.2	Receiving Tracheostomy Care				0.0
Private Home/No Home Health	41.7	Occ/Freq. Incontinent of Bowel		30.1	Receiving Suctioning				1.8
Private Home/With Home Health	0.0	Mobility			Receiving Ostomy Care				1.8
Other Nursing Homes	5.0	Physically Restrained		4.4	Receiving Tube Feeding				6.2
Acute Care Hospitals	20.6				Receiving Mechanically Altered Diets				37.2
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics				
Rehabilitation Hospitals	0.0	With Pressure Sores		4.4	Have Advance Directives				96.5
Other Locations	7.5	With Rashes		0.9	Medications				
Deaths	25.1				Receiving Psychoactive Drugs				72.6
Total Number of Discharges									
(Including Deaths)	199								

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

	This Facility	Ownership:		Bed Size:		Licensure:		All	
	%	Proprietary		100-199		Skilled		Facilities	
		Peer Group		Peer Group		Peer Group		Peer Group	
		Ratio		Ratio		Ratio		Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	73.5	84.7	0.87	85.7	0.86	85.3	0.86	85.1	0.86
Current Residents from In-County	96.5	81.6	1.18	81.9	1.18	81.5	1.18	76.6	1.26
Admissions from In-County, Still Residing	27.3	17.8	1.54	20.1	1.36	20.4	1.34	20.3	1.34
Admissions/Average Daily Census	172.2	184.4	0.93	162.5	1.06	146.1	1.18	133.4	1.29
Discharges/Average Daily Census	173.0	183.9	0.94	161.6	1.07	147.5	1.17	135.3	1.28
Discharges To Private Residence/Average Daily Census	72.2	84.7	0.85	70.3	1.03	63.3	1.14	56.6	1.28
Residents Receiving Skilled Care	96.5	93.2	1.03	93.4	1.03	92.4	1.04	86.3	1.12
Residents Aged 65 and Older	93.8	92.7	1.01	91.9	1.02	92.0	1.02	87.7	1.07
Title 19 (Medicaid) Funded Residents	63.7	62.8	1.01	63.8	1.00	63.6	1.00	67.5	0.94
Private Pay Funded Residents	24.8	21.6	1.15	22.1	1.12	24.0	1.03	21.0	1.18
Developmentally Disabled Residents	4.4	0.8	5.55	0.9	4.82	1.2	3.75	7.1	0.62
Mentally Ill Residents	54.9	29.3	1.87	37.0	1.48	36.2	1.52	33.3	1.65
General Medical Service Residents	13.3	24.7	0.54	21.0	0.63	22.5	0.59	20.5	0.65
Impaired ADL (Mean)	52.7	48.5	1.09	49.2	1.07	49.3	1.07	49.3	1.07
Psychological Problems	72.6	52.3	1.39	53.2	1.36	54.7	1.33	54.0	1.34
Nursing Care Required (Mean)	7.9	6.8	1.16	6.9	1.13	6.7	1.17	7.2	1.09